

County: Sauk
 ZIMMERMAN NURSING HOME
 617 4TH STREET

Facility ID: 9810

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REEDSBURG 53959 Phone: (608) 524-3664
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/03): 9
 Total Licensed Bed Capacity (12/31/03): 9
 Number of Residents on 12/31/03: 7

Ownership: Individual
 Highest Level License: Intermediate
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? No
 Title 19 (Medicaid) Certified? No
 Average Daily Census: 6

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		28.6
Supp. Home Care-Personal Care	No					1 - 4 Years		42.9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years		28.6
Day Services	No	Mental Illness (Org./Psy)	14.3	65 - 74	0.0			----
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	42.9			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	28.6	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	28.6	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	0.0	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	0.0		-----	RNs		20.2
Referral Service	No	Diabetes	28.6	Gender	%	LPNs		0.0
Other Services	No	Respiratory	0.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	57.1	Male	14.3	Aides, & Orderlies		
Mentally Ill	No		----	Female	85.7			
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total Resi- dents	% Of All
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	7	100.0	70	0	0.0	0	0	0.0	0	100.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	0	0.0		0	0.0		0	0.0		7	100.0		0	0.0		0	0.0	7	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of Residents
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	
Private Home/With Home Health	50.0	Bathing	0.0	71.4	28.6	7
Other Nursing Homes	0.0	Dressing	14.3	57.1	28.6	7
Acute Care Hospitals	50.0	Transferring	14.3	57.1	28.6	7
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	14.3	57.1	28.6	7
Rehabilitation Hospitals	0.0	Eating	71.4	0.0	28.6	7
Other Locations	0.0	*****				
Total Number of Admissions	2	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	0.0	Receiving Respiratory Care		0.0
Private Home/No Home Health	0.0	Occ/Freq. Incontinent of Bladder	71.4	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	57.1	Receiving Suctioning		0.0
Other Nursing Homes	0.0			Receiving Ostomy Care		0.0
Acute Care Hospitals	0.0	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets		28.6
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care		Other Resident Characteristics		
Deaths	0.0	With Pressure Sores	0.0	Have Advance Directives		100.0
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	0			Receiving Psychoactive Drugs		28.6

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: Under 50 Peer Group %	Ratio	Licensure: Intermediate Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	57.9	84.6	0.68	80.3	0.72	57.9	1.00	87.4	0.66
Current Residents from In-County	100	75.5	1.32	75.6	1.32	100.0	1.00	76.7	1.30
Admissions from In-County, Still Residing	100	18.9	5.29	26.7	3.74	100.0	1.00	19.6	5.09
Admissions/Average Daily Census	33.3	152.9	0.22	109.6	0.30	33.3	1.00	141.3	0.24
Discharges/Average Daily Census	0.0	154.8	0.00	108.9	0.00	.	.	142.5	0.00
Discharges To Private Residence/Average Daily Census	0.0	63.8	0.00	28.0	0.00	.	.	61.6	0.00
Residents Receiving Skilled Care	0.0	94.6	0.00	77.5	0.00	0.0	0.00	88.1	0.00
Residents Aged 65 and Older	100	93.7	1.07	92.5	1.08	100.0	1.00	87.8	1.14
Title 19 (Medicaid) Funded Residents	0.0	66.0	0.00	52.5	0.00	0.0	.	65.9	0.00
Private Pay Funded Residents	100	19.0	5.25	41.3	2.42	100.0	1.00	21.0	4.77
Developmentally Disabled Residents	0.0	0.5	0.00	0.6	0.00	0.0	.	6.5	0.00
Mentally Ill Residents	14.3	31.3	0.46	40.0	0.36	14.3	1.00	33.6	0.43
General Medical Service Residents	57.1	23.7	2.41	14.4	3.98	57.1	1.00	20.6	2.78
Impaired ADL (Mean)	54.3	48.4	1.12	47.9	1.13	54.3	1.00	49.4	1.10
Psychological Problems	28.6	50.1	0.57	56.9	0.50	28.6	1.00	57.4	0.50
Nursing Care Required (Mean)	3.6	6.6	0.54	6.0	0.59	3.6	1.00	7.3	0.49